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Approved for use through 1/31/2/07. OMB 0951-0025.
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/576,243			ing Date 27/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
Г	FOR	1	NUMBER FIL	LED N	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A]	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ = 1		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	ıs	minus 3 = *				x \$ =]	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 addi	ets of pap 250 (\$125 itional 50 s	er, the applicati for small entity	ion thereof. See						
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
										ER THAN ALL ENTITY	
AMENDMENT	01/26/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ğΙ	Total (37 CFR 1.16(i))	• 7	Minus	·· 20	= 0]	x \$ =		OR	X \$52=	0
ä١	Independent (37 CFR 1.16(h))	• 1	Minus	··· 5	= 0]	x \$ =		OR	X \$220=	0
M	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ا <u>۱</u>	Total (37 CFR 1,16(i))		Minus	**	=]	x \$ = 1		OR	x s =	
AMENDMENT	Independent (37 CFR 1/16(h))	*	Minus	***]	x \$ =		OR	x \$ =	
Z I	Application Size Fee (37 CFR 1.16(s))]]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))]			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, water 0"n column 3. If the "Highest Number Perviously Paid For NT HIS SPACE is less than 8.0 enter "20". "If the "Highest Number Perviously Paid For NT HIS SPACE is less than 3, enter "3". MOLIKI I. MAY/ The "Highest Number Perviously Paid For NT HIS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2. 22 and 37 CFR 1.4. This recollection is estimated to the 12 minutes to complete, encuding pathengy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.